Withdrawal Application Form

Notes

1. The definition of "Withdrawal" is that the student contract is terminated and the student in no longer a student of SHRM.
2. Requests for withdrawal must be through the submission of the Withdrawal Application Form, and handed to the Executive, Admissions and Operations Division. Forms received after 3.00 pm will be considered as submission on the next working day.
3. For the refund policy, please refer to Schedule D in the PEI-Student Contract. Should the student be eligible for any refund, please submit the Refund Request Form along with this Withdrawal Application Form. Refund amounts (if any) will be paid out within 7 working days of withdrawal application.
4. For students under 18 years old, requests for withdrawal must be accompanied by the student's parent/guardian approval in written form and submitted together with this form.
5. Upon approval of the withdrawal, the previous student contract will be considered as void. All discounts/rebates that the student was entitled to under the student contract shall be forfeited.
6. The outcome of the Withdrawal Application will be made known within 4 weeks from the date of submission of this form. The Executive, Admissions and Operations Division will issue a letter to effect the withdrawal to the student by hand, or by sending to the address, or by e-mail stated on this form.
7. For international students, their Student's Pass will be cancelled upon approval of this withdrawal. Attendance declaration (if required) will be made to Immigration & Checkpoints Authority only after students have completed all withdrawal formalities.

Name of Student		**Student NRIC/ Fin. No.**
Title of Course Currently Enrolled In	**Intake**	**Expiry Date of Student Pass**
Address		
Contact Number		**Email**

Reasons for Withdrawal:

- ☐ Family's financial difficulties
- ☐ Unable to adapt to studying in Singapore's environment, and keen to pursue studies in another country
- ☐ Parents do not support current studies in Singapore
- ☐ Lost interest in studies, and unable to fulfill School's requirements (e.g. attendance, passing rate, etc.)
- ☐ Having medical condition that causes inability to continue studies
- ☐ Transferring to another School:
  - Which School are you applying/have you applied to? _____
  - What course are you applying/did you apply for? _____
- ☐ Others: _____

Declaration:

1. I hereby confirm my intention to withdraw from the course I am currently enrolled in;
2. I declare that all the information that I have provided are true and accurate; and
3. I understand that my existing Student's Pass will be canceled upon approval of my withdrawal application.

_____ _____

Student's Signature **Date**

For School Use Only

Interview Details with Student to Understand Reason for Withdrawal (Including Acknowledging Receipt of Withdrawal) :	
Staff's Signature	**Date**
Approval by Chief Executive Officer: ☐ **Approved** ☐ **Not Approved** Remarks, if any:	
CEO's Signature	**Date**

Inform Student of Outcome	
Issued formal letter of approval to student to effect the application. (To be done **within 4 weeks** of date of withdrawal application from student)	
Staff's Signature	**Date**

Cancel Student's Pass		**Update Student Management System and Inform Relevant Departments**	
Staff's Signature	**Date**	**Staff's Signature**	**Date**